



# HIV/AIDS PREVENTION

Working to prevent HIV  
infection and reduce  
associated illness and death

December 1996

## One World. One Hope.

## World AIDS Day—December 1, 1996

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In the United States, World AIDS Day activities are coordinated by the American Association for World Health (AAWH), who describes this commemoration as follows: "World AIDS Day is the only international day of coordinated action against the spread of AIDS. Observed annually on December 1, World AIDS Day serves to strengthen the global effort to face the challenges of the AIDS pandemic, which continues to spread in all regions of the world.... This organized effort is designed to encourage public support for and development of programs to prevent the spread of HIV infection and to provide education and awareness on issues surrounding HIV and AIDS."

Each year CDC grantees and partners take the opportunity to support the mission of World AIDS Day. In addition, CDC has provided funding for the National AIDS Fund to support the AAWH World AIDS Day activities. These are some of the scheduled events:

- **United Way of America** dedicated the December issue of its national newsletter, *News & Views*, to HIV/AIDS issues. The publication is distributed to more than 2,800 sites and 800 major national sponsoring organizations. This issue came out at the end of November and featured a Business Responds to AIDS (BRTA)/Labor Responds to AIDS (LRTA) advertisement.

In addition, United Way of America worked with the National Football League to encourage the presentation of HIV prevention messages during the games on World AIDS Day, which occurs this year on a Sunday.

- **The Entertainment Industries Council** newsletter, *Profile*, also dedicated a special issue to World AIDS Day. The publication, which focuses on HIV/AIDS health issues, came out in late October.

The following plans (*subject to last-minute change*) for some World AIDS Day activities are listed by state:

- **Arkansas:** A World AIDS Day Jazz and Fashion Show will be co-sponsored by the Minority AIDS Education Task Force and other community-based organizations. Also, a "Hands Around the Capitol" event will be staged.

- **California:** On World AIDS Day 1995, the California Health and Welfare Agency, Department of Health Services (DHS), launched a 3-year HIV prevention social marketing campaign which includes targeted advertising, public relations, and community marketing efforts. This year, DHS will mail materials announcing World AIDS Day to more than 500 counseling and testing sites and education and prevention programs throughout the state.

(See *World AIDS Day Highlights*, page 13)

### *Funding Information*

The CDC National AIDS Clearinghouse (NAC) Funding Database is now available for searching through the CDC NAC web site—<http://www.cdcnac.org>. You can then link to the funding database from the "CDC NAC Databases" page.

For additional information, see "Clearinghouse News" on page 11.



## U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service • Centers for Disease Control and Prevention •  
National Center for HIV, STD, and TB Prevention • Divisions of HIV/AIDS Prevention

## ***Guest Editorial***

# **Prevention is World AIDS Day's Best Hope**

In an August *Newsweek* editorial, Dr. Michael Merson\* wrote about "a new spirit of optimism in the air, almost cause for celebration," in the fight against AIDS. Indeed, nothing reflects this year's World AIDS Day theme better than the growing feeling of hope among researchers and HIV-infected persons, their families and loved ones, and their health care providers.

Fostering this hope are encouraging biomedical breakthroughs, such as learning more about the way HIV infects cells, and the development of drug "cocktails" with protease inhibitors that appear to prolong life and health in some HIV-infected persons. At the same time, new and better preventive therapies and treatments for HIV-related opportunistic infections also are keeping people healthy longer.



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Less spectacular, but equally important, CDC researchers and their colleagues around the world have been quietly improving the science of primary HIV prevention and documenting their results. And as Dr. Merson pointed out in his editorial, "Prevention will always be a thousand times more humane and cost-effective than treatment."

For example, several years ago scientists at the National Institutes of Health showed that prenatal, perinatal, and postnatal zidovudine therapy for pregnant women and their newborns could greatly reduce the risk of HIV transmission from an infected mother to her infant. Researchers already have documented declining numbers of pediatric AIDS cases, as more and more pregnant women are choosing to be tested for HIV and, if infected, undergoing therapy that is dramatically reducing the rate of perinatal transmission.

### ***More prevention opportunities.***

As reported in the last issue of this newsletter, a panel discussion at the XI International Conference on AIDS in July highlighted the important link between the treatment of other sexually transmitted diseases and reductions in the spread of HIV. One community-level randomized trial in rural Tanzania documented an approximate 42 percent reduction in new HIV infections when STDs were aggressively treated.

The significance of these findings was underscored by an October *Morbidity and Mortality Weekly Report* article on the 10 most-often-reported infectious diseases in the United States. According to this report, 5 sexually transmitted diseases accounted for 87 percent of the total number of cases reported for those 10 diseases in 1995. (The 10 diseases, in descending order, were chlamydia, gonorrhea, AIDS, salmonellosis, hepatitis A, shigellosis, tuberculosis,

primary and secondary syphilis, Lyme disease, and hepatitis B.)

Other recent CDC studies have demonstrated the success of behavioral interventions that help people (including gay and bisexual men, inner-city women, and youth in high-risk situations) adopt safer sexual practices that most likely contribute to reducing the spread of HIV in their communities. Further, these interventions are proving to be not only lifesaving, but cost saving to society as well. (See "Balancing the Costs— and Consequences—of HIV Prevention Programs," page 3.)

As Dr. Merson pointed out, a future prevention success may lie in the development of protective microbicides for women. This initiative recently has been given added priority throughout the Public Health Service agencies, and clinical trials already are underway to evaluate the effectiveness of these gels. Additionally, research studies are beginning to show that increasing the availability of sterile syringes would decrease needle sharing and most likely limit HIV transmission among people who inject drugs.

While we all continue to hope for safe, effective, and affordable treatment options, our feet must remain firmly on the path toward preventing HIV infection in the first place.

***One world. One hope.*** Please support your local communities' World AIDS Day efforts on December 1.

**— Dr. Helene Gayle  
Director, NCHSTP**

*\*Dr. Michael Merson, Dean of Public Health at Yale University, formerly was a CDC staff member and subsequently served as Director of the World Health Organization's Global Programme on AIDS. His "My Turn" editorial appeared in the August 5 issue of Newsweek. ☼*

# Balancing the Costs—and Consequences— of HIV Prevention Programs

[Editor's note: The following article was contributed by Dr. David Holtgrave, formerly at CDC in the Office of the Associate Director for HIV/AIDS and currently Associate Professor and Director of AIDS Policy Studies, Center for AIDS Intervention Research, at the Medical College of Wisconsin.]

Resources for HIV prevention programs are limited and must be used carefully to maximize their potential for limiting the spread of HIV infection. Program managers, policy makers, and others who make decisions about the use of these resources must constantly balance the costs of HIV prevention interventions with their consequences. A dollar spent on counseling and testing is, by definition, a dollar not spent on, for example, a peer education outreach program. Deciding how to spend those dollars is a difficult task.

Cost-effectiveness analysis, a method that is used to compare two or more health service programs on the basis of their costs and ability to improve health, can assist decision makers in their deliberations. CDC encourages HIV prevention community planning groups to consider cost effectiveness in their intervention priority-setting activities. Cost-effectiveness analysis can help decision makers pull together into a single analysis a variety of bits of information about program costs and effectiveness, as well as to confront any uncertainty they might have about programs' costs and consequences. In the past, trying to do this was frustrating because studies specifically on this topic were relatively scarce. Today, however, there are several new studies available on the cost effectiveness of HIV prevention. (See *For further reading...* section at right.)

• **Literature Review.** A recent literature review on the economic evaluation of HIV prevention programs appeared in the *Annual*

*Review of Public Health*. This paper comprehensively reviews all studies published in the first quarter of 1995 and earlier on the cost effectiveness of HIV prevention programs.

• **Heterosexual Transmission.** A paper appeared in the October issue of the *American Journal of Public Health* that examined the cost effectiveness of a behavioral HIV prevention intervention for at-risk women attending urban primary health care centers. The intervention consisted of five sessions covering basic HIV-related information, condom-use skills training, peer support, self-management, and assertiveness, communications, and negotiation in sexual situations. Clients receiving this intervention used condoms significantly more often than clients not receiving the intervention. Although the intervention cost approximately \$260 per client, careful analysis shows that the increases in condom use likely led to a reduction in HIV transmission (and when HIV infections are avoided, medical costs of care and treatment are saved). Therefore, cost-effectiveness analysis shows that even this multi-session intervention appears to be a cost-effective use of resources.

• **Homosexual Transmission.** At the XI International Conference on AIDS in July, a poster was presented that showed the cost effectiveness of a 12-session behavioral HIV prevention intervention for gay men that included HIV education, condom skills training, and self-management and communications techniques. This intervention cost approximately \$470 per client. However, the intervention led to a significant increase in condom use. Such an increase is very likely to have significantly reduced HIV transmission among intervention clients and their partners, according to epidemiological models. A rigorous analysis shows that the public health benefits of this

## Cost-Effectiveness

### *For further reading...*

**Cost-Effectiveness of HIV Primary Prevention for Men Who Have Sex with Men**, by D.R. Holtgrave and J.A. Kelly. Presented at the XI International Conference on AIDS, Vancouver, Canada, July 7-12, 1996. Abstract published in conference program (number Mo.D. 1847)

**Cost-effectiveness of HIV Prevention Skills Training for Men Who Have Sex with Men**, by S.D. Pinkerton, D.R. Holtgrave, and R.O. Valdiserri. *AIDS* (in press)

**Economic Evaluation of HIV Prevention Programs**, by D.R. Holtgrave, N.L. Qualls, and D. Graham. *Annual Review of Public Health* 1996, Vol. 17, pgs. 467-488

**Preventing HIV/AIDS Among High-Risk Urban Women: The Cost-Effectiveness of a Behavioral Group Intervention**, by D.R. Holtgrave and J.A. Kelly. *Am J Public Health* 1996, Vol. 86, pgs. 1442-1445

**Preventing Perinatal HIV Transmission: Costs and Effectiveness of a Recommended Intervention**, by R.D. Gorsky, P.G. Farnham, W.L. Straus, B. Caldwell, D.R. Holtgrave, R.J. Simonds, M.F. Rogers, and M.E. Guinan. *Public Health Rep* 1996; Vol. 111, pgs. 335-341

intervention result in substantial cost savings to society.

### • **Perinatal Transmission.**

Recent findings on the effectiveness of using prenatal, perinatal, and postnatal zidovudine therapy to prevent perinatal HIV transmission led the Public Health Service to recommend routine HIV counseling and voluntary testing for all pregnant women. A paper published last summer directly analyzed the cost effectiveness of those recommendations. This analysis found that HIV counseling and voluntary testing for pregnant women (and zidovudine

(See *Costs and Consequences*, next page)

## Act Now to View Teleconference for Teachers of Teens

*HIV/AIDS Prevention for Teens*, a satellite video conference, will be broadcast live to sites nationwide on December 12 from 3:00 to 4:30 p.m. Eastern Standard Time. The course, produced by the Massachusetts Corporation for Educational Telecommunications (MCET) through a

cooperative agreement with CDC, is aimed at teachers of students in grades 6-12 and adult health educators, community leaders, counselors, and administrators.

Participants will receive an overview of HIV/AIDS education and guidance in targeting prevention strategies for youth. For

additional information, registration forms, or coordinates for downlink sites, telephone MCET toll-free at (800) 556-4376.

*Deadline to register downlink sites and participants is Monday, December 2. Registrations are requested as early as possible. ☼*

### *Costs and Consequences... from page 3*

therapy for those found to be infected with HIV) would actually be cost saving to society.

These are just some of the recent additions to the literature on the cost effectiveness of HIV prevention programs. Taken together, they indicate that primary HIV prevention can be a cost-effective use of public money. Indeed, primary HIV prevention programs compare favorably to service programs for other diseases on the basis of cost-effectiveness considerations. Further, these studies provide increasingly detailed information about the cost of HIV prevention interventions of several types. This information helps in making decisions about "affordable" interventions and expenditure levels for prevention programs.

While much analysis remains to be done in this area, these studies are beginning to provide cost-effectiveness information that community planning groups and others need to prioritize prevention interventions. New funding made available in the last 2 years by the National Institute on Mental Health, National Institute on Drug Abuse, and CDC will provide opportunities for some of this important research on the cost effectiveness of primary HIV prevention. ☼

## *Building Hope for the World Through International Research and Collaboration*

The World Health Organization Global Programme on AIDS (WHO/GPA, now UNAIDS) has estimated that approximately 21.8 million adults and children worldwide are living with HIV infection, and each day more than 6,000 additional persons become infected. It also has estimated that by the year 2000, approximately 10 million children may become orphaned because their parents die from HIV infection.

Many of the developing countries severely affected by the epidemic lack the research capacity, the public health infrastructure, and the trained and experienced staff necessary to respond effectively to the epidemic. Through collaborative agreements with governments of Côte d'Ivoire (Projet RETRO-CI) and Thailand (HIV/AIDS Collaboration), CDC participates in studies designed to increase our mutual understanding of the epidemiology of HIV-1 and HIV-2 infections and to facilitate prevention efforts in the host country and the United States.

CDC previously collaborated in a similar project in Zaire, Projet SIDA, from which CDC withdrew in 1991. Some data and specimens from this project are still being studied and reported. In addition, short-term assistance is provided to other countries, either directly or at the request of UNAIDS (previously WHO/GPA),

the U.S. Agency for International Development (USAID), World Bank, and other international organizations.

In 1995, CDC provided short- or long-term assistance in 13 countries. The following multinational activities also were conducted:

- Obtained samples of HIV-1 variants from numerous countries (Bahamas, Brazil, Cameroon, Central African Republic, China, Côte d'Ivoire, Honduras, Kenya, Morocco, Thailand, Trinidad, Uganda, Uruguay, and Zaire) to identify and characterize genetic variants of HIV. Identified variants were then used to evaluate the sensitivity of FDA-approved HIV diagnostic tests. Manufacturers of tests that failed to detect one or more of these infections were notified so that appropriate modifications could be made.

- Provided technical assistance to the Caribbean Epidemiology Center (CAREC) for the development and establishment of an HIV/STD clearinghouse for the dissemination of information on HIV and STDs to member nations, as well as technical assistance on HIV rapid tests.

- Conducted an assessment of HIV and STD diagnostic treatment services and HIV prevention programs in St. Vincent, the Grenadines, St. Kitts, Nevis, British Virgin Islands, and Antigua.

*(See International, next page)*



*International... from page 4*

## Projet RETRO-CI

Projet RETRO-CI, or Projet Retrovirus-Côte d'Ivoire, is an HIV/AIDS epidemiologic research project located in Abidjan, Côte d'Ivoire. It is a collaborative project between the CDC and the Republique de Côte d'Ivoire, Ministry of Health and Social Affairs. In addition, Projet RETRO-CI includes as collaborators the Institute of Tropical Medicine in Antwerp, Belgium, and the London School of Hygiene and Tropical Medicine, plus training collaborations with three U.S. schools of public health.

A broad spectrum of epidemiologic research has been conducted at Projet RETRO-CI since its inception in 1988. This research has served to define the magnitude of the HIV/AIDS epidemic in Côte d'Ivoire; to describe which subpopulations have been most affected; to describe the clinical manifestations of HIV-1 and HIV-2 infections; to study in detail the modes of transmission and, in particular, the transmissibility of HIV-1 and HIV-2 by heterosexual and mother-to-child routes; to define causes of death in HIV-infected persons and the impact of AIDS as a cause of death in the country; to study the response to therapy in HIV-infected patients with tuberculosis; to study the interactions of HIV and other STDs in heterosexual populations; and to define the laboratory serologic diagnosis of HIV-1 and HIV-2 infections. Increasingly the project has become involved with interventional research. The various research activities have resulted in more than 50 scientific publications and 100 presentations at international scientific conferences.

In addition to this research, Projet RETRO-CI has actively conducted public health and research training through the ongoing mentoring of young Ivoirian doctors from the Ministry of Health and Social Affairs, an annual intensive 3-week course in AIDS and epidemiology for Ivoirian

health professionals and their counterparts from other French-speaking west and central African countries, and support through Fogarty International Foundation and the Institute of Tropical Medicine, Antwerp, to send young Ivoirian professional staff from Projet RETRO-CI for Masters degree training in the United States and Belgium.

## CDC-Thailand HIV/AIDS Collaboration (HAC)

The objective of the HIV/AIDS Collaboration is to conduct research and related activities on HIV infection and AIDS in Thailand to improve understanding of the disease and the dynamics of its spread in Thailand, and to provide a scientific basis for the development, planning, and monitoring of intervention programs to prevent and control HIV infection and AIDS. The HAC has conducted epidemiologic and laboratory research to examine heterosexual and mother-to-infant HIV transmission, interactions of HIV and the other STDs, HIV transmission among injecting drug users, HIV transmission via blood, the molecular epidemiology of HIV in Thailand and Asia, clinical pathogenesis of HIV infection, the interaction of HIV transmission and tuberculosis, and tuberculosis drug reactivity and resistance. The HAC is initiating interventional research on the prevention of HIV transmission from mother to child. These various research activities have resulted in more than 25 scientific publications and 75 presentations at international scientific conferences.

## International HIV Variant Project

The International Activities Branch in the Division of HIV/AIDS Prevention—Surveillance and Epidemiology, in collaboration with the HIV Laboratory Investigations Branch, Division of HIV, STD, and TB Laboratory Research, National Center for Infectious Diseases, is conducting international surveillance of the genetic diversity of HIV.

HIV-1 strains that have caused nearly all worldwide AIDS cases have been designated as group M viruses. Recently, other strains of HIV-1 that also cause AIDS, but are characterized by extensive genetic divergence from group M strains, have been identified and classified as group O viruses. Less than 100 group O infections have been reported worldwide, nearly all occurring among persons from countries in Central Africa. The first group O strains were identified in Cameroon.

For further information about CDC's international HIV/AIDS prevention activities, contact the International Activities Branch at (404) 639-6100. ☞

## *National Surveillance for Unusual HIV Variants*

CDC conducts national sentinel surveillance for unusual HIV variants, including group O infections. (*See previous article.*)

The first recognized case of HIV-1 group O infection in the United States was reported in a woman who had come to the United States from Africa. (*See "Identification of HIV-1 Group O Infection—Los Angeles County, California, 1996," Morbidity and Mortality Weekly Report [MMWR], July 5, 1996, Vol. 45, No. 26.*) Findings from the CDC laboratory investigation of this case suggest that the woman was most likely infected in Africa before she came to this country.

According to the MMWR report referenced above, the recognition of U.S. cases of HIV-1 group O infections and the potential for emergence of other highly divergent strains underscore the importance of maintaining active surveillance for and characterization of divergent HIV strains. Additionally, the report recommends to physicians that patients who test negative for HIV antibody but have symptoms or

(*See HIV Variants, next page*)

laboratory findings suggestive of HIV disease should be further evaluated to rule out HIV infection.

### Cases of Non-B Subtype

In the last year, there have been rare reports of infections with HIV-1 subtypes A, D, and E in U.S. residents who were foreign-born or had lived outside the United States and had contact with foreign nationals while living abroad.

CDC conducted a study to assess the prevalence of unusual subtypes in well characterized populations of U.S. residents and to determine whether U.S.-born persons who have not traveled outside the country are infected with unusual strains as a result of local transmission. This study was conducted using a voluntary, confidential HIV serosurvey among patients admitted to a hospital in New York City's South Bronx.

Investigators found that 8 of 43 HIV-infected patients in this hospital had divergent HIV-1 strains. These unusual serotypes were found among patients who were born in the United States, had not traveled abroad, and had resided in the Bronx for several years. Some did report travel outside the United States, and others reported sexual contact with a person who had spent time abroad; one patient denied both of these.

There is no evidence that the presence of unusual serotypes compromised blood safety in this region because all eight patients tested positive on commercial HIV tests and would have been detected had they donated blood.

HIV-1 divergent strains are very rare in the United States, and surveillance is continuing. Additionally, CDC is working with the Food and Drug Administration and the manufacturers of HIV tests to ensure detection of all known HIV variants. This is important for both maintaining the safety of the blood supply and facilitating individual diagnosis. ❧

## Further Research Needed in Gene Studies

CDC scientists are urging caution in response to AIDS research findings suggesting that some people may have a genetic "immunity" against HIV. They stress that no evidence has been found of complete genetic or other natural protection, and that people should continue to avoid behaviors that may place them at risk for infection, primarily unprotected sexual intercourse with an HIV-infected or at-risk partner and sharing of drug injection equipment.

These research findings suggest that a newly discovered variant gene may affect both susceptibility to HIV-1 infection and disease progression in persons who have become infected. The variant gene occurs primarily in persons of Western European heritage, but only about 1 percent of this population appears to have two copies of it. About 15 to 20 percent have one copy. Persons with two copies of the gene appear to have some resistance to HIV-1 infection, while those with one copy can become infected, but appear to have a slower rate of disease progression.

The gene determines the structure of a protein called chemokine receptor 5 ("CCR5," now called "CCR5") found on the surface of cells which can be infected by HIV-1. Scientists recently have discovered that CCR5 is one of the proteins to which HIV-1 attaches when it enters cells to infect them. In persons with two copies of the variant CCR5 gene, the protein is always defective and does not appear at the cell surface,

apparently preventing most strains of HIV-1 from entering the cell.

While evidence indicates that persons with two copies of the variant CCR5 gene may be protected against HIV-1 transmission, it is not known whether the protection is partial or complete. There is at least one other protein (called "fusin") which some strains of HIV can use instead of CCR5 to enter CD4<sup>+</sup> T-lymphocytes, the cells targeted by HIV.

Persons with one copy of the variant CCR5 gene are not protected from becoming infected with HIV. However, studies conducted by the National Cancer Institute and other research groups indicate that among persons sexually infected with HIV, those who have one copy of the variant gene may not develop AIDS quite as quickly as those who have the normal gene only. Because persons with one copy of the variant gene have some of the defective protein and some normal CCR5 protein, their cells can be infected through the normal protein.

Further research is being conducted to learn more about CCR5 and the possible protective effect of the variant gene. This information may provide help in the future development of effective therapies.

Testing for the variant gene in order to predict whether an individual is susceptible to HIV *is not recommended* because protection associated with the variant gene may not be complete. Although some HIV-infected persons may request testing

for the variant gene to help predict the course of their disease, it is not yet clear whether the test results would be truly predictive. In addition, the test for the variant gene is performed

*(Continued on next page)*

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***"... no evidence has been found of complete genetic or other natural protection... people should continue to avoid behaviors that may place them at risk for infection, primarily unprotected sexual intercourse with an HIV-infected or at-risk partner and sharing of drug injection equipment"***



**At left,** Piedmont Park provided a beautiful setting for the beginning and end of the 6th annual AIDS Walk Atlanta on October 20. More than 12,000 walkers participated and raised over \$1,058,000 for local AIDS organizations. **Below,** some of the CDC and ATSDR walkers (more than 100 in all) show their enthusiasm before setting out on the 10 kilometer trek. The group raised about \$5,000, making it the 20th top fund-raiser

among more than 550 registered organizations. CDC's walkers were led by the Director, National Center for HIV, STD, & TB Prevention, Dr. Helene Gayle; Acting Director, Division of HIV/AIDS Prevention—Surveillance and Epidemiology, Dr. Rob Janssen; and Acting Director, Division of HIV/AIDS Prevention—Intervention Research and Support, Mr. Gary West.



Photos courtesy of Stan Elsner

### *Gene Studies... continued*

in only a few research laboratories at present. HIV-infected persons wishing to obtain more information about the test should contact their physicians. HIV-infected persons should be under the care of a physician to enable them to receive currently available anti-retroviral therapy and prophylactic treatments to prevent the development of AIDS-related opportunistic illnesses.

If you have questions about federally approved treatments for HIV, call the CDC National AIDS Clearinghouse AIDS Treatment Information Service (ATIS) toll free at (800) 448-0440. ☞

## *Business and Labor— Making a Difference*

*Nearly half of American work sites have implemented HIV/AIDS workplace policies, and one in six work sites offered its employees education programs that address HIV and AIDS. Forty-three percent of work sites with more than 50 employees said they have a policy regarding employees with disabilities or life-threatening illnesses, including HIV/AIDS.*

These are some of the results of a study conducted by CDC's *Business Responds to AIDS/Labor Responds*

### *BRTA/LRTA... continued*

to AIDS (BRTA/LRTA) programs and released in July. More than 2,200 businesses across the country were surveyed.

One of the primary objectives of the study was to determine whether companies and labor groups are adopting the five components of the BRTA program. Results—41 percent of large firms have adopted at least two of the following components:

- Development of an HIV/AIDS policy
  - Training of supervisors in the policy
  - HIV/AIDS education for employees
- HIV/AIDS education for employees' families
- Encouragement of employee volunteerism, community service, and corporate philanthropy

"AIDS education is an investment in our people and in our long-term health and productivity as a business," stated Michael Lauber, President and CEO of Tusco Display, a small business in Gnadahunten, Ohio.

### Other BRTA/LRTA News

CDC, through its BRTA/LRTA programs, serves on Atlanta Mayor Bill Campbell's HIV/AIDS Advisory Council. As a member of this council, CDC was asked to participate in the Mayor's Fulton-Atlanta Summer Games Health Initiative to furnish important health information to Olympic visitors.

CDC, the Atlanta Mayor's Office, the Georgia Department of Human Resources, and the Fulton County Health Department combined efforts with the Georgia Hospitality and Travel Association and participating Atlanta hotels to produce and distribute 30,000 information packets containing important preventive health information.

Local community-based organizations and city and county volunteers hosted special "bag stuffing parties" to get the information to Olympic visitors and their families. The attractive bags, which were placed in hotel rooms, contained heat-injury prevention tips, lost child I.D. tags, a poison control hotline number, a Fulton County Smoking Ordinance

(See BRTA/LRTA, next page)



**Above:** Planning for the initiative are, from left, Barbara Benson, Corporate Liaison, BRTA/LRTA Programs, CDC; Carl Newberry, General Manager, Regency Suites Hotel; Norma Manuel, Special Projects Coordinator, Fulton County Health Department; Thomasene Roberts, HOPWA Coordinator, City of Atlanta.

**Below:** Juana Hernandez (at left), Assistant Executive Housekeeper, and Milagro Shaves, Room Attendant, Regency Suites Hotel, place information packets on the doors of hotel rooms.



*BRTA/LRTA... from page 7*

fact sheet, and a letter from Mayor Campbell welcoming visitors to Atlanta. CDC contributed HIV prevention materials, including the *Are You at Risk* brochure, a Business and Labor Responds to AIDS Index Card, and an AIDS Hotline Card listing its toll-free telephone numbers.

This effort, exemplifying the fifth component of the comprehensive BRTA/LRTA HIV/AIDS prevention program—community service and volunteerism—received overwhelming support from hotels throughout metropolitan Atlanta, but primarily in downtown Atlanta.

For more information about CDC's BRTA/LRTA programs, please contact project staff at (404) 639-8317. ☿

## Working to Build the Faith Community's Prevention Capacity

*What does the faith community need from the public health community in order to build its capacity to work in HIV prevention?*

Last summer a national strategy was designed for CDC's HIV/AIDS prevention Faith Initiative that included broadening the scope of the project and increasing the level of participation of faith communities. Most importantly, since many religious organizations already are active in HIV prevention, the Faith Initiative team wanted to know what faith communities need to enhance their ability to do HIV prevention work and, in the spirit of national partnerships and community assistance, what the public health community can offer them.

To answer these questions, a CDC intern from the Association of Schools of Public Health (ASPH) conducted surveys of faith communities and people who work with them in HIV prevention. Participants in the survey included representatives from 11 different national religious AIDS networks and, at the community level, clergy and laity from 15 different faiths (there was some duplication of religions between the two groups). Besides clergy and laity, a geographically diverse sample of people working at faith-based AIDS service

organizations, national faith-sponsored organizations, local interfaith organizations, and health departments that work with or have outreach programs to the faith community also were queried.

While positions varied between and within denominations and faiths, the needs they described were similar across most categories. The survey results showed that faith communities believe they would benefit from public health assistance or participation in four areas:

**Communications/relationship-building:** This area focuses on such issues as who is working together, who is invited to participate in CDC work sessions, and what opportunities are available to increase faith communities' awareness of what each is doing. Specifically, faith communities want to:

- have more participation in the community planning process;
- have increased opportunities for interaction between and among faith groups, between faith groups and public health organizations, and between faith groups and CDC; and
- see more diversity represented among the religious groups working with CDC's Faith Initiative.

*(Continued on next page)*



*Faith Community... from page 8*

**Materials Development:** The faith community is interested in materials they can use to develop and run HIV prevention programs that offer a wider range of prevention messages, rather than having to choose between only condoms and abstinence. In this area, communities of faith want to:

- increase their awareness of available faith-based materials;
- participate in the creation of new materials for their community;
- be able to choose from a wider range of prevention messages for the materials; and
- be able to add their own spiritual context to HIV prevention materials.

**Community Interventions:**

Outreach to the community already is an area of expertise for faith communities. What faith communities active in HIV prevention are discovering is that resignation seems to be setting in among their congregants and target populations. Interventions that show new ways of presenting HIV/AIDS information would be of great assistance to faith communities that are battling apathy. Faith communities want to:

- receive information about successful interventions;
- receive assistance, when needed and requested, in implementing programs; and
- explore having CDC develop intervention strategies especially for the faith community.

**Technical Assistance:** The most pressing need is for technical assistance in evaluation. Few faith-based programs are evaluated, yet there is a great need to know what types of programs have been successful in these communities. Specifically, faith communities want to:

- receive assistance in grant writing, program implementation, and program selection;
- receive guidance in evaluation programs;

- receive assistance in materials development; and
- have faith leaders trained and educated in HIV prevention.

These findings contributed to the development of a national strategy that responds to these needs and builds relationships with and between faith communities. CDC's Faith Initiative envisions a long and successful partnership of public health and religious communities working together to prevent the spread of HIV infection.

For further information, contact Qairo Khadejah Ali (formerly Cynthia Adams-Rivers), Faith Initiative Coordinator, at (404) 639-8863. ☼

## ***CDC Hosts Yearly Application Review***

Each year CDC invites representatives from nongovernmental organizations and the public and private health community to serve on teams that review applications for funding from state and local health departments. These noncompetitive continuation applications are for 1-year budget awards to continue HIV prevention cooperative agreements. This year, the review for Program Announcement 706 was held November 12-16 in Atlanta.

Each of 12 external review teams, composed of a state AIDS director, an epidemiologist, a behavioral scientist, a community representative, and two CDC program consultants, reviewed five to seven applications and completed a team report. This report will be shared with the health departments and HIV Prevention Community Planning co-chairs from the applicant's jurisdiction.

The objectives of this year's external review process were as follows:

- To determine progress and continued compliance with the Community Planning Guidance and

the FY 97 continuation application guidance

- To recommend technical assistance or other support to further a project area's progress in implementing community planning
- To recommend specific actions for CDC to ensure that project areas are developing, implementing, and refining prevention plans
- To identify innovative or promising practices in HIV prevention and community planning and recognize successes
- To determine national progress in implementing HIV prevention community planning and potential national technical assistance needs in FY 97

For further information, please contact Mr. Tim Quinn at (404) 639-8317. ☼

## **STD Prevention Meeting To Be Held in December**

**The National STD Prevention Conference to be held December 9-12 in Tampa, Florida, will focus on forging the future of STD prevention in the United States through science, program, and policy strategies. Speakers will emphasize the emerging role of family planning, primary care, managed care, and other care systems.**

**One of the major sessions will focus on the role of STD prevention and control in reducing HIV transmission. In addition, concurrent sessions will include HIV-related themes such as the implications for STD prevention of HIV home testing and HIV Prevention Community Planning.**

**The Division of STD Prevention, NCHSTP, and the American Social Health Association are co-sponsoring the conference, which will be held at the Hyatt Regency Tampa.**

**For additional information, call (800) 232-5265. ☼**

## ***El SIDA es problema de todos...***

***... means AIDS is everyone's problem***

The American Social Health Association (ASHA), which operates the CDC National AIDS Hotline, recently produced a new poster to reach out to Spanish communities about HIV/AIDS. The poster depicts the flags of all Spanish-speaking countries and urges people to contact the CDC National AIDS Hotline Spanish service number for more information.

With its 21 colorful flags from around the world, the poster meshes nicely with the World AIDS Day theme, "*One World. One Hope.*" It will be distributed at conferences and to anyone who has access to Spanish-speaking audiences.

To order a free copy of the poster, call the CDC National AIDS Hotline Spanish service at (800) 344-7432 or the English service at (800) 342-AIDS (2437). ☼

## **Internet Access for Office of Minority Health Resource Center Launches Web Site**

The U.S. Department of Health and Human Services' Office of Minority Health Resource Center (OMH-RC) recently launched its World Wide Web site. The new web site is located at <http://www.omhrc.gov> and features information on OMH-RC's mission and services, minority health publications and organizations, funding sources for minority health programs and research, and upcoming health conferences.

Since 1987, OMH-RC has operated a toll-free telephone line to respond to inquiries from both

consumers and health professionals (800-444-6472). The new web site provides one more convenient way for the public to obtain minority health information, including information on HIV/AIDS.

Visitors to the OMH-RC web site can access a variety of publications, resource lists, and information on how to join and use the center's Resource Persons Network, a group of minority health experts across the country who volunteer to provide technical assistance, review documents, and speak at conferences and workshops. ☼

### **Clearinghouse News**

#### **AIDS Treatment Information Service (ATIS) Marks Second Anniversary**

On October 31, the HIV/AIDS Treatment Information Service (ATIS) completed its second year of providing information about federally approved treatments for HIV and related opportunistic infections to HIV-positive persons, their families and friends, and health professionals.

A collaborative Public Health Service project, ATIS is co-sponsored by the Agency for Health Care Policy and Research, CDC, the Health Resources and Services Administration, the Indian Health Service, the National Institute of Allergy and Infectious Diseases, the National Library of Medicine, and the Substance Abuse and Mental Health Services Administration.

Rapid developments in approved methods of HIV/AIDS treatment in the past year have brought many changes in the information disseminated by ATIS staff. Since November 1995, four new medications have been approved by the Food and Drug Administration (FDA) for treating

HIV infection: indinavir sulfate (Crixivan), made by Merck; zidovudine (Retrovir), made by Abbott; didanosine (Videx), made by Hoffmann-LaRoche; and Nevirapine, made by Boehringer Ingelheim. The first three belong to a new class of drugs called protease inhibitors, which act on a different part of the viral life cycle than previously approved drugs (such as AZT). The last is a non-nucleoside reverse transcriptase inhibitor, which affects yet another part of the viral life cycle; Nevirapine is the only approved drug in this class.

Since these drugs have been approved, callers' questions have increasingly focused on the new treatments. In response to these questions, ATIS staff recently completed a Frequently Asked Questions (FAQ) flyer on protease inhibitors. Additional materials will be developed on "hot topics" such as starting treatment with approved therapies, the current theories comparing monotherapy (single

*(See Clearinghouse News, next page)*

### *Clearinghouse News... from page 10*

agent) and multiple-drug combination therapies, and viral resistance.

#### **Giving Advice on Viral Load**

ATIS staff also have been answering many questions about new tests that measure the amount of virus in the blood (viral load). Callers are asking about therapy based on viral load levels instead of T-cell counts, historically a marker for changes in therapy. They also want to know, when told that their viral load is "undetectable," if it means they are no longer infected or infectious to others. (These callers are told that individuals with "undetectable" levels of HIV RNA in the blood **are** still able to transmit the virus. The two FDA-approved tests to measure viral load, the RT-PCR and the bDNA, are not sensitive enough to pick up less than 200 and 500 copies/mL, respectively, of HIV RNA in the blood. Having "undetectable levels of HIV RNA" means that, with the approved tests, smaller amounts of the virus cannot be measured because of the limitations of the test itself.)

In addition to answering callers' telephone questions, ATIS also offers its own World Wide Web site (<http://www.hivatis.org>), which provides treatment information and links to the agencies that sponsor the service and other HIV/AIDS treatment resources. Internet users can download or order a copy of *Glossary of HIV/AIDS Related Terms*, a resource that helps readers understand the scientific and medical terminology associated with HIV disease; *Eating Defensively: Food Safety Advice for Persons with AIDS*, an FDA brochure; and other treatment-related press releases and documents.

You may also contact ATIS via Internet E-mail at [atis@cdcnac.org](mailto:atis@cdcnac.org) to ask questions or request customized searches of the National Library of Medicine's HSTAT database of treatment information. The service also works collaboratively with the

CDC National AIDS Hotline and the HRSA/AIDS ETC HIV Telephone Consultation Service (Warmline); the three services transfer calls and make referrals as appropriate to meet callers' needs. Callers can reach ATIS at 1-800-HIV-0440 (448-0440).

#### **Clearinghouse Databases Now Searchable Via the Internet**

Internet users can now search the CDC National AIDS Clearinghouse's Resources and Services Database through the CDC NAC World Wide Web site (<http://www.cdcnac.org/nacdb.html>). People with Internet access all over the country can easily locate HIV/AIDS-related organizations in their localities. Soon, organizations will be able to submit updated information about their organization via the Internet.

Additional Clearinghouse databases now available through the Internet include the *AIDS Daily Summary* and the Funding Database, which lists funding opportunities available through the federal government, state governments, and private foundations. This database includes information on specific Requests for Proposals (RFPs), as well as how to apply for open-ended funding from a number of private organizations.

The Educational Materials Database and its collection of more than 14,000 items also will become searchable later this year.

#### **New Publications**

The CDC NAC recently released three new publications on areas of concern to those working in the HIV/AIDS field. Other new materials are in development and will be available by the end of the year.

Two of these, *Educational Materials on HIV/AIDS and Sexually Transmitted Diseases* and *HIV/AIDS and Women Who Have Sex With Women* are new additions to the Clearinghouse's *Standard Search Series*. The *Standard Search Series*

features information from the Educational Materials Database.

*African Americans and HIV/AIDS: A Guide to Selected Resources* is the seventh in a series of resource guides from the Clearinghouse. The guides include information drawn from the Resources and Services, Educational Materials, Periodicals, and Funding databases, as well as pertinent Internet information and the full text of relevant materials, including *Morbidity and Mortality Weekly Report* articles and CDC fact sheets. Another new resource guide, *HIV/AIDS and Native Americans: A Guide to Selected Resources*, is currently in development.

Growing numbers of prevention efforts are focusing on the incarcerated population in the United States, and CDC NAC is providing support for these efforts by producing two new publications targeting that

(See *Clearinghouse News*, next page)

## **Questions? We have answers.**

**CDC National AIDS Hotline  
1-800-342-AIDS (2437)**

**Spanish Access:  
1-800-344-SIDA (7432)**

**Deaf Access:  
1-800-243-7889**

**CDC National AIDS  
Clearinghouse  
Post Office Box 6003  
Rockville, MD 20849-6003**

**Business and Labor  
Resource Service  
1-800-458-5231**

**AIDS Clinical Trials  
1-800-TRIALS-A  
(1-800-874-2572)**

**Treatment Information  
1-800-HIV-0440  
(1-800-448-0440)**

population. *HIV/AIDS and Incarcerated Populations* will be the latest addition to the *Standard Search Series*, while *Locating Basic Resources for Incarcerated Populations* is a new document in the *Locating Basic Resources* series. The *Locating Basic Resources* series consists of a number of brief resource guides, 12-20 pages in length, which provide a brief introduction to a topic and highlight pertinent information from the Clearinghouse databases. Both materials on incarcerated populations were available at the National Skills Building Conference in early October.

For further information, call the CDC National AIDS Clearinghouse at (800) 458-5231. ☼



*In its entirety, 40,000 panels of the AIDS Memorial Quilt covered the National Mall. Since the beginning of the epidemic, more than 340,000 people of all ages have died of AIDS.*

## New from the MMWR on HIV/AIDS...

Recent HIV/AIDS-related publications in the *Morbidity and Mortality Weekly Report* include the following:

**Pneumocystis Pneumonia—Los Angeles.** MMWR Vol. 45, No. 34, August 30, 1996

**HIV Testing Among Women Aged 18-44 Years—United States, 1991 and 1993.** MMWR Vol. 45, No. 34, August 30, 1996

**School-Based HIV Prevention Education—United States, 1994.** MMWR Vol. 45, No. 35, September 6, 1996

**Contraceptive Method and Condom Use Among Women at Risk for HIV Infection and Other Sexually Transmitted Diseases—Selected U.S. Sites, 1993-1994.** MMWR Vol. 45, No. 38, September 27, 1996

**Ten Leading Nationally Notifiable Infectious Diseases—United States, 1995.** MMWR Vol. 45, No. 41, October 18, 1996

**Clinical Update: Impact of HIV Protease Inhibitors on the Treatment of HIV-Infected Tuberculosis Patients with Rifampin.** MMWR Vol. 45, No. 42, October 25, 1996

## CDC Sponsors Youth Day Activities at AIDS Memorial Quilt Display in October

CDC supported the Columbus Day weekend display of the entire AIDS Memorial Quilt in Washington, D.C., by contributing funds in support of "Youth Day" activities for more than 50,000 young visitors.

According to the NAMES Foundation, organizer of the quilt project, "... seeing a display of the Quilt reaches young people in a way that facts and figures alone cannot; the AIDS epidemic can be felt at a human level, allowing youth to understand AIDS in a way that can inspire compassion, start a dialogue, and raise awareness. Quilt panels memorializing young people dramatically convince students that people their own age can and do die of AIDS, and motivate teens to learn information that can save their lives."

The display—40,000 memorial panels covering an area the size of 24 football fields—was part of the largest AIDS-related event in history. ☼



*Above, volunteers pause for a moment of silence before unfolding a Quilt panel. Below, the entire Quilt display nears completion.*



*Photos courtesy of Jennifer Brooks*

## ***NRMO Initiative***

### **Evaluation of Process Measures Now Under Way**

The HIV/AIDS epidemic has long had a disproportionate impact on minority communities, particularly African-American and Hispanic populations. In response, CDC has funded national and regional minority organizations (NRMOS) to support capacity building and skills development among minority community-based organizations (CBOs) and to assist state health departments and other providers in working with minority communities.

The Division of HIV/AIDS Prevention—Intervention Research and Support is initiating an evaluation of the NRMO Initiative that will be a collaborative effort of the Program Evaluation Research Branch (PERB) and the Community Assistance, Planning, and National Partnerships Branch (CAPNPB). The goals of this evaluation, which will emphasize process measures, are to determine the following:

- How the NRMOS provide assistance to CBOs, health departments, and other providers of prevention services
- What difference this program has made in strengthening HIV prevention activities in racial/ethnic minority communities

On May 13 and 14, CDC convened a work group that included representatives from NRMOS, CBOs, health departments, universities, and the National Association of State and Territorial AIDS Directors (NASTAD) to develop indicators that will be used in this evaluation.

The Prevention Center at the School of Public Health, Saint Louis University, was awarded the contract to work on this evaluation with

CAPNPB and PERB through the CDC Prevention Centers cooperative agreement with the National Center for Chronic Disease Prevention and Health Promotion.

Evaluators held their first meeting on October 7, and the work is in progress. For more information on the NRMO evaluation, please contact Imani Thompson, CAPNPB, at (404) 639-8317, or Aisha Gilliam, PERB, at (404) 639-0952. ☿

### ***CDC Conducts Preapplication Workshops***

In an effort to assist interested parties in providing more responsive proposals, preapplication workshops for Program Announcement 704, *Community-based HIV Prevention Projects*, were held from October 10-31. These workshops were held across the United States in areas with a high prevalence of HIV/AIDS cases.

The workshops, on topics ranging from an overview of the jurisdictions's HIV prevention plan to providing grantsmanship tips, were conducted by the Community Assistance, Planning, and National Partnerships Branch (CAPNPB) from CDC's Division of AIDS Prevention—Intervention Research and Support. Workshops were conducted by CAPNPB program consultants, co-chairs of HIV Prevention Community Planning Groups, and representatives from state health departments, CDC's Procurement and Grants Office, national and regional minority organizations, and the National Association of People With AIDS.

The workshops were well-attended by prospective applicants and interested members of the community and health organizations. For more information, please contact Sam Taveras at (404) 639-8317. ☿

### **Community Planning Co-Chairs Meeting Now Being Planned**

More than 800 people are expected to attend the fourth annual HIV Prevention Community Planning Co-Chairs Meeting, which will be held in Atlanta March 13-15. This meeting is a collaborative effort of CDC, the National Minority AIDS Council, and the National Alliance of State and Territorial AIDS Directors.

More than 750 representatives of community planning groups across the country attended the 1996 meeting, which offered more than 60 workshops and seminars in various skills-building areas.

For further information, please contact the National Skills Building Conference office, (202) 483-1124. ☿

### ***World AIDS Day Highlights— continued from page 1***

• **Hawaii:** The Hawaii State Department of Health will support the distribution of red ribbons to organizations and individuals on all islands; the creation and distribution of public service announcements to various media to promote HIV prevention and compassion for people with AIDS; encouragement of churches throughout the state to ring their bells in unison at a designated time; and the distribution of ribbons and HIV/AIDS information by volunteers at shopping centers. The Governor was asked to dim the lights of the State Capitol in remembrance of those who have been lost to AIDS, and there will be a candlelight vigil on the evening of December 1. Panels from the NAMES Project AIDS Memorial Quilt will be displayed on all islands in conjunction with their individual World AIDS Day activities.

*(Continued on next page)*



• **Louisiana:** On December 1, there will be a multid denominational service at St. Louis Cathedral at Jackson Square in the French Quarter of New Orleans. Additionally, Orleans school district high school choirs will participate in a gospel music competition.

• **Mississippi:** The Mississippi Department of Health anticipates incorporating World AIDS Day activities into its skills building conference. The health department will mail out flyers promoting this activity and inviting local CBOs to participate. The South Mississippi AIDS Task Force will conduct a candlelight service on Sunday, December 1, and also will send a flyer to more than 150 churches within the community to encourage participation.

• **Montana:** The Governor will sponsor an awards ceremony and luncheon for those who have been selected as outstanding AIDS educators from various areas of the state. The state's HIV/STD hotline telephone number will be promoted, and interfaith services and vigils will be held throughout Montana.

• **North Carolina:** The North Carolina health department's HIV/STD Control Section, in collaboration with other state organizations, will present awards to 10 outstanding volunteers from across the state on the evening of December 6 at the North Raleigh Hilton. Governor James Hunt has been invited to speak and present the awards. In late October, the Section distributed an awareness package to media and other agencies that included the Governor's 1996 World AIDS Day Proclamation, sample press releases, information on HIV prevention activities, and HIV/AIDS/STD and TB statistics. The state health department also distributed pencils and magnets with an HIV prevention message to local health departments and community-based organizations.

• **South Dakota:** The Native American community group, Indian Country, is sponsoring World AIDS Day activities focusing on Native Americans.

• **Utah:** A coalition of AIDS educators and representatives from BRTA formed a World AIDS Day Planning Committee. Activities include a 1-day workshop for chief executive officers and business owners to help them raise communities' AIDS awareness by placing red ribbons in windows of businesses throughout the state. The Arts Council will shroud the entry of all art galleries to represent "a day without art." Internet home pages of all CBOs, as well as businesses who have a home page, also will be "shrouded." Ecumenical interfaith services will be held throughout Utah; there will be candlelight vigils and major outreach efforts to all faith communities. Additionally, all HIV testing sites in Utah will offer one day of free confidential counseling and testing services.

• **Virginia:** A news release promoting World AIDS Day and listing Virginia's community service organizations' events will be sent to news media statewide. The week before World AIDS Day, a prayer breakfast was held in northern Virginia to inform and prepare clergy for upcoming events. Additionally, the state health department's Division of STD/AIDS has requested a World AIDS Day proclamation from Governor George Allen. The Division will assist the World AIDS Day Coalition of Central Virginia with its World AIDS Day media campaign. Some of the scheduled activities in the state include the following:

- ♦ Two Quilt panels will be on display in southwest Virginia, in Martinsville December 1-7 and in Roanoke December 7-14.

- ♦ All proceeds from a dinner theater located in Abingdon will

be donated to southwestern Virginia AIDS organizations.

- ♦ An art exhibit, called "Positively Art," will showcase works by HIV-positive artists and celebrate their many talents.

- ♦ A tree-lighting ceremony to remember the people affected by HIV will be held in Northern Virginia.

- ♦ In Hampton, a "Gospel Sing" will be held.

- ♦ Candlelight vigils and marches will be held in Alexandria, Fredericksburg, Norfolk, and Richmond.

- ♦ On December 7, a youth rally will be held at George Mason University. The rally will focus on youth education and HIV prevention.

- ♦ The Chrysler Museum in Norfolk will sponsor a "Celebration of Life" performance featuring the opera, the symphony, and The Virginia Stage Company.

• **West Virginia:** A local CBO called The AIDS Program and the University of Charleston will collaborate to provide an "Evening of Education." The event is open to the public and will conclude with a candlelight memorial service on the bank of the Kanawha River in front of the capitol complex.

• **Wyoming:** The city of Rock Springs has requested that part of the AIDS quilt be displayed there. Also, candlelight vigils and interfaith services will be held throughout the various communities. Universities and community colleges will display posters and have speakers present information on HIV/AIDS, and persons with AIDS will make presentations to local schools and service organizations.

For additional information about these activities, please call Karen Holmes-Westwood at (404) 639-8317. ☿

# Division of HIV/AIDS Prevention Continues To Evolve

To address the need to strengthen the science base for prevention activities while maintaining programmatic and managerial effectiveness and accountability, two HIV/AIDS divisions have been created from the single Division of HIV/AIDS Prevention.

HIV/AIDS research and prevention activities in the National Center for HIV, STD, and TB Prevention are now divided between the Division of HIV Prevention—Intervention Research and Support (DHAP-IRS) and the Division of HIV Prevention—Surveillance and Epidemiology (DHAP-SE). (*See organizational chart below.*)

• **Mr. Gary R. West**, formerly Deputy Director for Management and Operations, DHAP, is serving as Acting Director, DHAP-IRS. This division will provide national leadership in intervention research, technology transfer, technical support, program implementation,

training, evaluation, and information dissemination for HIV/AIDS prevention.

• **Dr. Robert Janssen**, formerly DHAP Assistant Director for Science and Prevention, is serving as Acting Director, DHAP-SE. This division will provide national leadership in HIV/AIDS surveillance, statistics, and epidemiology for HIV/AIDS prevention.

These organizations will function as a two-division team with a shared administrative support structure. The continuation and enhancement of current activities, such as joint branch chief meetings, cross-divisional initiatives, work groups, teams, and joint planning and priority setting, will provide the needed interaction to avoid overlap or duplication and will strengthen the interface between science and programs.

The creation of two HIV divisions is expected to bolster CDC's ability

to accomplish its primary HIV-related mission of reducing HIV transmission with a focus on groups at highest risk. Specific goals related to this mission include the following:

- Strengthening existing and developing new surveillance systems
- Developing and conducting research activities related to HIV prevention and control
- Developing, supporting, and evaluating effective prevention programs
- Building partnerships to strengthen prevention and increasing support for HIV prevention among target populations
- Translating research findings into prevention practice
- Creating a positive work environment for CDC HIV staff

Additional information will be provided in the next issue of this newsletter. ☼

## Divisions of HIV/AIDS Prevention

